United Nations A/CONF.197/MC/L.1/Add.2

Second World Assembly on Ageing
Madrid
8-12 April 2002

Distr.: Limited
10 April 2002

Original: English

Agenda item 9
Political Declaration and International Plan of Action on Ageing, 2002

Report of the Main Committee

Addendum

Draft international plan of action on ageing, 2002*

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1. At its _____ meeting, on _____ April 2002, the Main Committee approved the following changes to the text of the draft international plan of action on ageing, 2002 and recommended them to the Assembly for adoption.

2. Under paragraph 42, the paragraph containing the new action proposed by Canada was deleted.

3. Paragraph 48 new (a) was revised to read:

"Reduce the proportion of persons living in extreme poverty by one half by 2015."

4. Paragraph 48 (d) and its alternative text were revised to read:

"Develop as appropriate and at all appropriate levels, age and gender-relevant poverty indicators as an essential means to identify the needs of poor older women and encourage the use of existing indicators of poverty so that the review is carried out according to age group and gender."

5. Paragraph 52, Objective 1, was revised to read:

"Promotion of programmes to enable all workers to acquire basic social protection/social security, including, where applicable, pensions, disability insurance and health benefits."

6. Paragraph 52 (f) was revised to read:

"Strive to ensure the integrity, sustainability, solvency and transparency of pension schemes, and, where appropriate, disability insurance."

* For the text of the draft international plan of action on ageing, 2002, see A/CONF.197/3/Add.2, 3 and 5.

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7. Paragraph 52 (g) was revised to read:

"Establish a regulatory framework for private and supplementary pension, and, where appropriate, disability insurance."

8. Paragraph 64 (e) and its alternative texts were revised to read:

"Take comprehensive action to prevent the abuse of alcohol, to reduce the use of tobacco products and the involuntary exposure to tobacco smoke to promote the cessation of tobacco use at all ages."

9. After paragraph 64 (e), the text proposed by the European Union (EU)/Group of 77 (G77) and its alternative text proposed by the Facilitator were revised to read:

"Set in place and implement legal and administrative measures and organize public information and health promotion, including campaigns to reduce the exposure to environmental pollutants from childhood and throughout life."

10. Paragraph 66 (a) bis and its alternative text were revised to read:

"Achieve food security by ensuring a safe and nutritionally adequate food supply at both the national and international levels. In this regard, ensure that food and medicine are not used as tools for political pressure."

11. After paragraph 66 (g), the text of the new action proposed by the EU/Holy See and its alternative text proposed by the Facilitator were revised to read:

"66 (h) Ensure appropriate and adequate provision of accessible nutrition and food for older persons in hospital and other care settings."

12. Paragraph 68 and its alternative texts were revised to read:

"Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. Older persons can experience financial, physical, psychological and legal barriers to health care services. They may also encounter age discrimination and age-related disability discrimination in the provision of services because their treatment may be perceived to have less value than the treatment of younger persons."

13. Paragraph 68 bis was revised to read:

"We recognize the gravity of the public health problems afflicting many developing countries and least-developed countries, especially those resulting from HIV/AIDS, tuberculosis, malaria and other epidemics. We stress the need for the World Trade Organization (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) to be part of the wider national and international action to address these problems."

14. A new paragraph following paragraph 68 bis was inserted, reading:

"68 ter. Intellectual property protection is important for the development of new medicines. We also recognize the concerns about its effects on prices. We agree that TRIPS Agreement does not and should not prevent members from taking measures to protect public health. Accordingly, while reiterating our

commitment to the TRIPS Agreement we affirm that the agreement can and should be interpreted and implemented in a manner supportive of Governments' right to protect public health and, in particular, to promote access to medicines for all."

15. Paragraph 70 (b) was deleted.

16. The paragraph between paragraph 71, Objective 2, and paragraph 71 (c) and its alternative text were revised to read:

"71. New merged (a) and (b) Take measures to provide universal and equal access to primary health care and establish community health programmes for older persons."

17. Paragraph 71 (e) bis was revised to read:

"Encourage, at all levels, arrangements and incentives to mobilize commercial enterprises, especially pharmaceutical enterprises, to invest in research aimed at finding remedies that can be provided at affordable prices for diseases that particularly afflict older persons in developing countries, and invite the World Health Organization to consider improving partnerships between the public and private sectors in the area of health research."

18. Paragraph 72 (b) and its alternative text were revised to read:

"Implement community development strategies that determine a systematic needs assessment baseline for the planning, execution and evaluation of locally based health programmes. The baseline should include contributions from older persons;"

19. Paragraph 73 (c) and its alternative text were revised to read:

"Promote self-care in older persons and maximize their strengths and abilities within health and social services."

20. Paragraph 73 (d) proposed by EU and its alternative text proposed by the Facilitator were revised to read:

"Integrate the needs and perceptions of older persons in the shaping of health policy."

21. The two alternative texts to paragraph 81 (a) were deleted, and the following text of paragraph 81 (a) was accepted, to read:

"Develop and implement national and local strategies designed to improve prevention, timely detection and treatment of mental illness in old age, including diagnostic procedures, appropriate medication, psychotherapy and education for professionals and informal caregivers;"

22. After paragraph 81 (a) EU proposed new action (a) text was deleted, and the Facilitator's text was accepted, to read:

"Develop, where appropriate, effective strategies to increase the level of quality assessment and diagnosis of Alzheimer's and related disorders at an early stage of the disease. Research on these disorders should be undertaken on a multidisciplinary basis that meets the needs of the patient, health professionals and carers."

23. Paragraph 81 (f) and its alternative texts were revised to read:

"Develop a comprehensive continuum of services in the community to prevent unnecessary institutionalization."

24. Paragraph 81 (f) bis was revised to read:

"Establish services and facilities that provide safety and treatment and that promote personal dignity to meet the needs of older persons suffering from mental disorders."

25. Paragraph 81 (f) ter and its alternative texts were deleted.

26. After paragraph 81 (g), the following text of the new action proposed by Canada/EU/United States of America (US) was agreed upon, to read:

"81 (h) Provide mental health services to older persons residing in long-term care facilities."

27. After new paragraph 81 (h), the two alternative texts proposed by the G77/EU and the Facilitator were replaced by the following paragraph, reading:

"81 (i) Provide ongoing training to health care professionals in the detection and assessment of all mental disorders and depression."

28. After paragraph 96 (h), two new paragraphs were inserted, reading:

"96 (i) Enhance, through appropriate measures, self-reliance of older women and men and create conditions that promote quality of life and enable them to work and live independently in their own communities for as long as possible or as long as desired."

"96 (j) Promote provision of community-based care and support of family care, taking into account equal distribution of caring responsibilities between women and men through measures for better reconciliation of working and family life;"